

Application No.: 09/988,455

2000P20541US
Gritzbach et al.REMARKS/ARGUMENTS*Claim Status*

After entry of the present Amendment, Claims 1 – 18 are pending. Claims 19 and 20 have been cancelled.

Claim Rejections – 35 U.S.C. § 102

The Examiner rejects Claims 1 – 16 and 18 under 35 U.S.C. § 102(b) as being anticipated by Pfeifer (U.S. Pat. No. 5,987,519). Hence, the Examiner asserts that Pfeifer discloses each and every limitation, for example, of the computerized medical diagnosis management system defined in Claim 1. Applicants traverse for the reasons set forth hereinafter.

Claim 1, as amended, defines a computerized medical diagnosis management system having, among other limitations, a central computer system, a data interface operatively coupled to receive data from diagnosis instruments, each configured for displaying measurement data and/or diagnosis data on a local monitor, an input unit coupled to select a diagnosis instrument and to generate a control code for the selected diagnosis instrument when a control instruction for actively controlling the selected diagnosis instrument is entered through the input unit, and a display unit coupled to display the received data simultaneously or successively, wherein the data interface automatically forwards the control code to the selected diagnosis instrument.

In this regard, the example in paragraphs 44 and 45 of the present specification describes a scenario in which a local technician is present at each of the medical diagnosis instruments G1, G2, G3, G4, where a doctor is carrying out an examination on a patient. The data from diagnosis instruments G1, G2, G3, G4 is transmitted in real time to the central computer system 31. A doctor present at the central computer system 31 supervises the examinations taking place at remote locations on medical diagnosis instruments G1, G2, G3, G4. Should the doctor decide that it is necessary to intervene in one of the examinations, then the doctor uses the input unit E to select corresponding medical diagnosis instrument G1, G2, G3, or G4 for intervention. The selection also ensures that the doctor can intervene in the operating procedure or examination process at the selected medical diagnosis instrument G1, G2, G3, or G4 by remote control via the corresponding data interface S1, S2, S3, or S4. An input entered by the doctor using the input unit E is converted by the data processing

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system DV into a control code for the selected medical diagnosis instrument G1, G2, G3, or G4. The control code is then forwarded in real time to the selected medical diagnosis instrument G1, G2, G3, or G4.

Hence, the doctor is virtually present at the respective examination, i.e., the doctor may not only work by means of online diagnosis, but may also intervene actively in the events on site by remote control via the corresponding data interface S1, S2, S3, or S4.

Pfeifer, in contrast, does not allow such active intervention by remote control. Instead, Pfeifer deals mainly with presenting data obtained at a remote patient monitoring station 18 at a central monitoring station 11. As shown in Fig. 2, the presentation may be by means of videoconferencing equipment 23 (camera, microphone, speaker and a display 23).

More specifically, Pfeifer discloses a packet-based telemedicine system for communicating video, voice and medical data between the central monitoring station 11 and the patient monitoring station 18. The patient monitoring station 18 obtains digital video, voice and medical measurement data from a patient and encapsulates the data in packets and sends the packets over a network 16 to the central monitoring station 11. (Col. 3, lines 40-43.) The patient monitoring station 18 includes medical devices which are connected to a control unit via a medical device interface which controls the transmission of data from the medical devices to the control unit. (Col. 3, line 66 to col. 4, line 3.) Communications between the control unit and the devices use device addresses and interrupt requests. (Col. 4, lines 6-19.)

In Pfeifer's Fig. 3, the patient monitoring station 18 receives data from the central monitoring station 11 and the control unit 22 determines whether the data is directed to one of the medical devices 28-30, to the videoconferencing equipment 23, or to application-level data. (Col. 6, lines 59-64.) If the data is directed to the videoconferencing equipment 23, the data can be control commands and data for controlling the operation of the videoconferencing equipment 23 (e.g., controlling the pan or tilt of the camera), or it can be image and voice data captured by the videoconferencing apparatus located at the central monitoring station 11. (Col. 7, lines 3-12.) If the data is application-level data, the data can be a message to the patient, or status information. (Col. 7, lines 13-17.) If the data is medical device command data, the medical device interface 24 decodes the address and enables the

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selected serial port corresponding to the requested medical device, and the intended medical device receives the data from medical device interface 24 over the selected serial port. (Col. 7, lines 18-25.) Applicants note that Pfeifer does not disclose further details as to the use of the medical device command data.

Even though Pfeifer provides for data directed to the videoconferencing equipment 23, application-level data, and medical device command data, Pfeifer does not disclose any active intervention by a doctor at the central monitoring station 11 by remote control of a diagnosis instrument.

In view of the foregoing, Applicants submit that Pfeifer's system differs substantially from the system of the present application. As to Claim 1, as amended, Applicants submit that Pfeifer fails to disclose or suggest a computerized medical diagnosis management system having, among other limitations, an input unit coupled to select a diagnosis instrument and to generate a control code for the selected diagnosis instrument when a control instruction for actively controlling the selected diagnosis instrument is entered through the input unit, wherein the data interface automatically forwards the control code to the selected diagnosis instrument. Therefore, Pfeifer does not disclose or suggest each and every limitation recited in Claim 1, as amended, and, consequently, does not anticipate or suggest the subject matter of Claim 1. Applicants respectfully request the Examiner to reconsider the rejections under 35 U.S.C. § 102(b) and to pass Claim 1 to allowance.

Claims 2 – 11 depend from Claim 1. For this reason and because of the additional features recited in the dependent claims, Applicants respectfully submit that Pfeifer does not anticipate or suggest Claims 2 – 11. Applicants respectfully request the Examiner to pass Claims 2 – 18 to allowance.

Independent Claim 12, as amended, defines a method for managing medical instruments that corresponds to the system of Claim 1. The above discussion regarding Claim 1 is repeated herewith. Therefore, Pfeifer does not disclose or suggest each and every limitation recited in Claim 12, as amended, and, consequently, does not anticipate or suggest the subject matter of Claim 12. Applicants respectfully request the Examiner to reconsider the rejections under 35 U.S.C. § 102(b) and to pass Claim 12 to allowance.

Claims 13 – 18 depend from Claim 12. For this reason and because of the additional features recited in the dependent claims, Applicants respectfully submit

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that Pfeifer does not anticipate or suggest Claims 13 – 18. Applicants respectfully request the Examiner to pass Claims 13 – 18 to allowance.

The Examiner rejects Claims 19 and 20 under 35 U.S.C. § 102(e) as being anticipated by Surwit (U.S. Pat. No. 6,024,699). Claims 19 and 20 have been cancelled so that this rejection is moot.

Claim Rejections – 35 U.S.C. §103

Under 35 U.S.C. § 103(a), the Examiner rejects dependent Claim 17 as being unpatentable over Pfeifer in view of Surwit. Applicants respectfully traverse.

Claim 17 depends from independent Claim 12. The above arguments are repeated herein. Surwit does not provide the missing teachings in Pfeifer to anticipate nor render obvious Claim 12. Accordingly, at least for the above reasons and because of the additional inventive features recited in Claim 17, Claim 17 is also allowable and reconsideration and withdrawal of the rejection are respectfully requested.

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Gritzbach et al.Conclusion

The present response is intended to correspond with the Revised Amendment Format. Should any part of the present response not be in full compliance with the requirements of the Revised Amendment Format, the Examiner is asked to contact the undersigned for immediate correction.

For the above reasons, Applicants respectfully submit that the application is in condition for allowance, and such allowance is herewith respectfully requested.

Nevertheless, if any undeveloped issues remain or if any issues require clarification, the Examiner is respectfully requested to call Applicants' attorney in order to resolve such issues promptly.

Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 502464 referencing attorney docket number 2000P20541US.

Respectfully submitted,

Date: 5/24/06


John P. Musone
Attorney for Applicants
Registration No. 44,961
Tel: (407) 736 6449
Customer No.: 28204